



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS

MINIMUM WAGE COMPLAINT FORM

Sections 290.500 through 290.530 RSMo

Mail completed form to:
Division of Labor Standards
Attn: Minimum Wage Program
P.O. Box 449, Jefferson City, MO 65102-0449
Phone: 573-751-3403 Fax: 573-751-3721
E-mail: minimumwage@dolir.mo.gov
Website: www.dolir.mo.gov/ls/minimumwage

Complainant Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone No. () _____ Alternate Telephone No. () _____

E-mail Address _____

Type of Complaint *(Please check all appropriate boxes.)*

☐ Underpayment of wages

☐ Tipped Employee

☐ Overtime compensation

Name of Employer _____

Address _____

City _____ State _____ Zip Code _____

Telephone No.(s) () _____ () _____

Website _____

Period employed with this company (month, day, year) From: _____ To: _____

Supporting Documentation *(Please attach the following documents.)*

☐ Check stubs/copies of payroll checks

☐ Other information *(any supporting documentation)*

SUMMARY OF COMPLAINT *(Use additional sheets, if necessary.)*

STATEMENT OF VERIFICATION

I, _____ *(print name)*, do hereby affirm under penalties of perjury that the above-stated information is true and correct to the best of my knowledge, information and belief.

_____ COMPLAINANT SIGNATURE